

U.S. Department of Labor  
Office of Labor Management  
Standards  
Washington DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U

5355

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name John Phillips

P O Box, Bldg Room No if any

Street 2706 Black Lake Place

City Philadelphia

State Pennsylvania ZIP Code + 4 19154

4 Name file number and address of labor organization

Name Bricklayer & Allied Craftworkers LUL of PA/DE

Labor Organization File Number - 531-788

P O Box Building and Room Number if any

Street 2706 Black Lake Place

City Philadelphia

State Pennsylvania ZIP Code + 4 19154

5 Position in labor organization

President

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

7.a Nature of Interest, Transaction or Income

7.b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

8/15/05

Date

215-856-9505

Telephone Number

Name of Person Filing <u>John Phillips</u>		File Number <u>U-</u>
<p><b>B</b> Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>		
<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>Bricklayers Local #12 of PA - Welfare Fund</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>3729 Chichester Avenue</u></p> <p>City <u>Boothwyn</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19061</u></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>	
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State <u>Pennsylvania</u> ZIP Code + 4 _____</p>	<p><b>11 a</b> Nature of such dealing</p> <p>Payments were made to the Welfare Fund pursuant to collective bargaining agreements negotiated by the Union</p> <p><b>11 b</b> Approximate dollar value of such dealing</p> <p><b>12 a</b> Nature of interest held or income received</p> <p>Board of Trustees Meetings - dinner provided on the following dates</p> <p>March 4, 2004</p> <p>July 22, 2004</p> <p>December 1, 2004</p>	
<p><b>12 b</b> Amount</p>		<p><b>\$189</b></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer _____ or Consultant _____ ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing <b>John Phillips</b>	File Number <b>U</b>
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**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <u>International Masonry Institute</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>42 East Street</u></p> <p>City <u>Annapolis</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>21401</u></p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a Nature of such dealing</b></p> <p>Payments are made to the International Masonry Institute pursuant to collective bargaining agreements negotiated by the Union</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p> <p><b>12 a Nature of interest held or income received</b></p> <p>Board Meeting business expense reimbursement for lodging on the following dates</p> <p>February 9, 2004</p> <p>November 2, 2004</p> <p><b>12.b Amount</b> <b>\$1 340</b></p>

Name of Person Filing John Phillips

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name National Refractory Joint Industry Comm

Trade Name if any

P O Box Bldg Room No if any

Street 1776 Eye St Suite 600

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name.

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Payments are made to the Fund pursuant to collective bargaining agreements negotiated by the Union

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Board Meeting business expense reimbursement for lodging on the following date  
February 9, 2004

## 12 b Amount

\$377